Smoky Hill Trail Conference Registration
October 19 -21, 2018
Manhattan, Kansas

1. **Personal Information**

First and Last Name (s) _____
Address _____
City _____ State _____ Zip _____
Telephone _____Email (for sending receipt) _____

2. **Conference Fees**

Registration:	Member, OR	# attending _____ @ $40
	Non-member***	# attending _____ @ $65
Friday bus tour, sack lunch (maximum 80)		# attending _____ @ $40
Saturday evening banquet, general membership meeting		# attending _____ @ $22

Total Registration Fees: $_____

***Non-member registration includes individual membership through 2019 and other family members living at that same address may register at the member rate.

3. **Membership fees**

NOTE: All annual memberships are calendar year. Your new membership or renewal at this time will cover your membership through December 31, 2019

Membership categories (Existing membership expire 12/31/2018)

_____$25 Individual _____$50 Business _____$30 Family (lives at same address)
_____$100 Patron _____$40 Institution (Libraries, Museums, Historical Societies)
_____$500 Lifetime _____ New _____ Renewal

Total Membership Fee $_____
Total enclosed $_____

4. **Miscellaneous Information**

Please check here if you are interested in serving as a: ____ Board Member, Committee Member: Membership ____, Nominating ____, Awards ____, Conference Planning ____, Budget/Finance ____, National Historic Trails ____, Historic Preservation ____, Public Relations ____
Special diet requirements (i.e., vegetarian, food allergies) _____
Do you have access to our website: _____ yes _____ no

5. **Payment** by credit card can be made on our website www.smokyhilltrial.com or below:

Charge my ____ Visa ____ Mastercard ____Discover ____ AMEX
Card #: _____ Expires: _____

Please sign below and send the form and payment to Smoky Hill Trail Association, P.O. Box 978, Hays, KS 67601

Registration Deadline: October 5, 2018

By submitting this registration form I (we) understand and agree that SmHTA and its officers and agents are not responsible or liable for any accidents or injury that occur during the 2018 Smoky Hill Trail Association Conference, and I (we) waive and release any such claim(s).

Signed: _____ Date: _____

Signed: _____ Date: _____